

Filing Fee Calculation:

Basic Fee								\$690.00		7
Multiple Dependent Claims (\$260)								4000.00		1
	anguage Surcharge							 	-	
	For	Number Filed		Number Extra		Rate	Ţ	 	S. PTC	
EXTRA Claims	TOTAL CLAIMS	15	-20	0		\$18	=		678 U.S	
	INDEPENDENT CLAIMS	2	-3	0		\$78	=		in.	
						TAL FIL	ING	\$690.00		

Please charge Deposit Account No. 03-1935 in the amount of **\$690.00**. Two additional copies of this paper are enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required, or credit any overpayment, to Account No. 03-1935.

Please address all correspondence to JoAnn Villamizar, Patent Department, Ciba Specialty Chemicals Corporation, 540 White Plains Road, P.O. Box 2005, Tarrytown, NY 10591-9005 and associate the attached application with **Customer Number 000324**. Please address all telephone calls to the undersigned at the number given below.

Respectfully submitted,

Ciba Specialty Chemicals Corporation Patent Department 540 White Plains Road P.O. Box 2005 Tarrytown, NY 10591-9005 (914) 785-7124 DRC/am/ Date: David R. Crichton Attorney for Applicants Reg. No. 37,300